

COUNSELLING PSYCHOLOGY

BSc.Counselling Psychology

VI SEMESTER

CORE COURSE

(CUCBCSS 2014 Admn.Onwards)



UNIVERSITY OF CALICUT

SCHOOL OF DISTANCE EDUCATION

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STUDY MATERIAL

BSc Counselling Psychology

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Prepared & Scrutinized by:

ELDHOSE.N.J

Research Scholar

Department of Psychology

University of Calicut

Settings & Lay Out by: SDE,Computer Cell

@ Reserved

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MODULE 1

DEFINITIONS OF COUNSELLING

Counselling is a process by means of which the helper expresses care and concern towards the person with a problem, and facilitates that person's personal growth and brings about change through self-knowledge.

The British Association for Counselling (BAC) may have been the first professional association to adopt a definition of professional counselling. In 1986 it published the following definition:

“Counselling is the skilled and principled use of relationship to facilitate self- knowledge, emotional acceptance and growth and the optimal development of personal resources. The overall aim is to provide an opportunity to work towards living more satisfyingly and resourcefully. Counselling relationships will vary according to need but may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insights and knowledge, working through feelings of inner conflict or improving relationships with others. The counsellor’s role is to facilitate the clients work in ways that respect the client’s values, personal resources and capacity for self-determination.”

In 1997 the Governing Council of the American Counselling Association (ACA) accepted the following definition of professional counselling:

“Counselling is the application of mental health, psychological or human development principles, through cognitive, affective, behavioural or systemic interventions, strategies that address wellness, personal growth, or career

development, as well as pathology". The definition also includes these additional attributes:

- Counselling deals with wellness, personal growth, career, and pathological concerns. In other words, counsellors work in areas that involve relationships. These areas include

intra- and interpersonal concerns related to finding meaning and adjustment in such settings as schools, families, and careers.

- Counselling is conducted with persons who are considered to be functioning well and those who are having more serious problems. Counselling meets the needs of a wide spectrum of people.

- Counselling is theory based. Counsellors draw from a number of theoretical approaches, including those that are cognitive, affective, behavioural, and systemic. These theories may be applied to individuals, groups, and families.

- Counselling is a process that maybe developmental or intervening. Counsellors focus on their clients' goals. Thus, counselling involves both choice and change. In some cases, "counselling is a rehearsal for action"

GOALS OF COUNSELLING

Some of the different goals that are adopted either explicitly or implicitly by counsellors are listed:

- Insight: The acquisition of an understanding of the origins and development of emotional difficulties, leading to an increased capacity to take rational control over feelings and actions (Freud: 'where id was, shall ego be').
- Relating with others: Becoming better able to form and maintain meaningful and satisfying relationships with other people: for example, within the family or workplace.

- Self-awareness: Becoming more aware of thoughts and feelings that had been blocked off or denied, or developing a more accurate sense of how self is perceived by others.
- Self-acceptance: The development of a positive attitude towards self, marked by an ability to acknowledge areas of experience that had been the subject of self-criticism and rejection.
- Self-actualization or individuation: Moving in the direction of fulfilling potential or achieving an integration of previously conflicting parts of self.
- Enlightenment: Assisting the client to arrive at a higher state of spiritual awakening.
- Problem-solving: Finding a solution to a specific problem that the client had not been able to resolve alone. Acquiring a general competence in problem-solving.
- Psychological education: Enabling the client to acquire ideas and techniques with which to understand and control behaviour.
- Acquisition of social skills: Learning and mastering social and interpersonal skills such as maintenance of eye contact, turn-taking in conversations, assertiveness or anger control.
- Cognitive change: The modification or replacement of irrational beliefs or maladaptive thought patterns associated with self-destructive behaviour.
- Behaviour change: The modification or replacement of maladaptive or self-destructive patterns of behaviour.
- Systemic change: Introducing change into the way in that social systems (e.g. families) operate.
- Empowerment: Working on skills, awareness and knowledge that will enable the client to take control of his or her own life.
- Restitution: Helping the client to make amends for previous destructive behaviour.

- Generativity and social action: Inspiring in the person a desire and capacity to care for others and pass on knowledge (generativity) and to contribute to the collective good through political engagement and community work.

THE COUNSELLING PROCESS

Counselling can be conceptualized as a series of stages or steps that lead one through the counselling process. Cormier and Hackney (1987) described a five-stage process: relationship building, assessment, goal setting, interventions, and termination and follow-up. Each of the stages is discussed in detail.

Stage One: Relationship Building

The successful outcomes in counselling is associated with the counsellor-client relationship which is the outcome of all therapeutic efforts. There are two necessary conditions. They are:

1. Counsellor-offered conditions: The core conditions for successful counselling are

- empathic understanding(Empathic understanding as a process that involves communicating a sense of caring and understanding)
- unconditional positive regard (counsellor communicating to clients that they are of value and worth as individuals)
- congruence(Behaving in a manner consistent with how one thinks and feels)
- respect(focuses on the positive attributes of the client)
- immediacy(direct, mutual communication)
- confrontation(Pointing out discrepancies in what the client is saying and doing)
- concreteness (Helping clients discuss themselves in specific terms)
- self-disclosure(Making the self-known to others)

These eight core conditions are necessary and sufficient for constructive personality change to occur.

2. . Counsellor-and client offered conditions

The working alliance is another concept that can be used to describe the counselling relationship. It goes beyond focusing on counsellor-offered conditions and includes counsellor- and client-offered conditions.

The working alliance is composed of three parts. They are:

- agreement between the counsellor and client in terms of the goals of counselling

- agreement between the counsellor and client in terms of the tasks of counselling

- emotional bond between the counsellor and client.

The strength of the working alliance depends on the degree of agreement relating to goals and tasks of counselling and the level of emotional attachment between the counsellor and client.

Stage Two: Assessment and Diagnosis

Assessment and diagnosis help a counsellor develop an in-depth understanding of a client and identify mental disorders that require attention. This understanding can facilitate goal setting and also suggest types of intervention strategies.

Assessment procedures can be divided into two categories

- standardized measures* – include psychological tests that have standardized norm groups

- non standardized measures* – include strategies such as the clinical interview and assessment of life history.

Stage Three: Formulation of Counselling Goals

Three functions that goals serves in the counselling process:

Motivational function: The clients are involved in establishing the counselling goals. They may be more motivated when they have specific, concrete goals to work toward. It is also important for counsellors to encourage clients to make a verbal commitment to work on a specific counselling goal.

Educational function: Clients can learn new skills and behaviours that they can use to enhance their functioning. For example, a counselling goal might be to become more assertive. During assertiveness training clients can learn skills to enhance their functioning in interpersonal situations.

Evaluative function: Clear goals allow the counsellor and client an opportunity to evaluate progress.

Counselling goals may also be conceptualised as either process or outcome.

Process Goals: These establish the conditions necessary to make the counselling process work. These goals relate to the issues of formulating positive relationship by promoting the core conditions. Process goals are primarily the counsellor's responsibility.

Outcome goals: These specify what the client hopes to accomplish in counselling. The counsellor and client should agree on these goals and modify them as necessary. Five types of outcome goals include:

- Facilitating behaviour change
- Enhancing coping skills
- Promoting decision-making
- Improving relationships
- Facilitating the client's potential.

Stage Four: Intervention and Problem Solving

The counsellor and client may choose strategies to implement from a variety of interventions, including individual, group, couples, and family counselling. It may be best to begin with individual counselling for clients with

problems of an intrapersonal nature. Couples or family counselling may be more appropriate for clients with difficulties of an interpersonal nature, as in a marital or parent-child conflict. The counsellor should provide an overview of the different treatment approaches available; describe the role of the counsellor and client for each procedure; identify possible risks and benefits that may result; and estimate the time and cost of each procedure. In addition, it is important for the counsellor to be sensitive to client characteristics such as values and beliefs when selecting an intervention strategy. Counsellors should also be aware of a client's personal strengths and weaknesses in selecting a counselling approach.

A six-stage model for problem solving strategies include:

- problem detection
- problem definition
- identification of alternative solutions
- decision -making
- execution
- verification

Stage Five: Termination and Follow-Up

Termination can be done when clients have worked through their concerns and are able to proceed forward in their lives without the counsellor's assistance. At this point, counselling can be terminated. It is usually best for the counsellor and client to agree on a termination date, reducing the chance of premature termination or feelings of ambivalence.

Termination should be planned several weeks in an advance to provide an opportunity for the client to prepare psychologically. The counsellor should also arrange for appropriate follow-up with the client. An appointment for a formal follow-up counselling session can be made 2 to 4 weeks after the final session. This can allow the counsellor and client adequate time to evaluate how things

are going without counselling. Clients should be reassured that they will be able to obtain additional counselling services if the need arises. They should also be informed as to how they can request these services in the future.

COUNSELLING RELATIONSHIP

The relationship between a counsellor and client is the feelings and attitudes that a client and therapist have towards one another, and the manner in which those feelings and attitudes are expressed. One theory about the function of the counselling relationship is known as the secure-base hypothesis, which is related to attachment theory. This hypothesis proposes that the counsellor acts as a secure-base from which clients can explore and then check in with. Secure attachment to one's counsellor and secure attachment in general have been found to be related to client exploration. Insecure attachment styles have been found to be related to less session depth than securely attached clients.

Some counsellors regard the counselling relationship as not only necessary, but sufficient for constructive changes to occur in clients. Those viewing counselling predominantly as a helping relationship tend to be adherents of the theory and practice of person-centred therapy. Carl Rogers, the founder of person-centred therapy, views counselling relationship as a helping relationship in which the counsellor creates an environment that facilitates the process of self-awareness. There is an almost total absence of techniques in Rogerian theory due to the unique character of each counselling relationship. Most important is the quality of the relationship between client and counsellor. The counsellor-offered qualities, called the 'core conditions', are empathic understanding, respect and acceptance for clients' current states of being, and congruence or genuineness.

Empathy is the ability to understand what the client is feeling. This refers to the counsellor's ability to understand sensitively and accurately [but not sympathetically] the client's experience and feelings in the here-and-now. It is a

skill used by person-centred therapists to show understanding of the clients' emotions. Empathy is different to sympathy in that sympathy is often seen as feeling sorry for the client whereas empathy shows understanding and allows the client to further open up. An important task of the person-centred counsellor is to follow precisely what the client is feeling and to communicate to them that the therapist understands what they are feeling.

Unconditional positive regard refers to the counsellor accepting, respecting and caring about clients. It does not mean the counsellor has to agree with everything the client says or does, however, the counsellor should see the client as doing the best he or she can and demonstrate this by expressing concern rather than disagreeing with him or her. Unconditional positive regard allows clients to express how they are thinking without feeling judged, and help to facilitate the change process by showing they can be accepted.

Congruence is whether or not counsellors are genuine and authentic in what they say and do. Quite often, if the therapist is saying one thing but the body language is reflective of something else, clients are aware of this and may impact on their trust and openness in the counselling relationship. Therefore, a major role of counsellors is to be aware of their body language and what they are saying as well as being in the present moment. If confusion arises, the counsellor needs to be able to address this with the client.

CHARACTERISTICS OF A COUNSELLOR

Several skills need to be brought into a counselling session. These include:

1. Attitudinal skills;

There is probably nothing which has a greater impact on the outcome of a counselling session than the counsellor's attitude. Attitudes can be positive or reactive. They include:

- Respect, for oneself as well as for the client, expressed by praising the client's individuality and structuring the counselling to the needs, capacities and resources of the individual
- Genuineness/congruence: It is the consistency or harmony between what the counsellor says, and what he/she is. This condition reflects honesty, transparency, and trust.
- Unconditional, positive regard which makes clients feel welcomed and valued as individuals.
- Empathy: the ability to understand what the client experiences, and to communicate this kind of feeling. Carl Rogers (1980), defined it as perceiving the internal frame of reference of another person.
- Self-disclosure: It helps the client to communicate easily, and to reveal something about him/herself, creating mutual trust, and disarming the client, so that he/she feels free and talks openly.
- Confrontation, which uses the client's behaviour, or words, to point out inconsistencies between what is said and what is done. When handling a response, confrontation, or challenging attitudes, is a healthy development in counselling.

2. Listening skills;

Being a good listener entails receiving and sending appropriate messages. Listening to clients is not just a matter of receiving what they say, but also receiving how they say it. Sometimes how they communicate is much more revealing than what they actually say, which may be more concealing than revealing. Listening skills are basic to all human interaction, whether the purpose is for getting information, conducting in-depth interviews, or offering informal help. Listening is considered to be the most important counselling skill.

3. Verbal communication skills;

The use of words in counselling is a skill which, like any other skill, requires practice to master. Verbal communication takes place first in the literal or content phase. If inappropriate vocabulary is used, rapport and understanding will be hindered. When this happens, miscommunication occurs. In addition to the literal phase of verbal communication, there is also the emotional phase. This refers to other attributes involved in vocal interactions, such as volume, the emotional edge, and other non-verbal cues such as gestures. Counsellors must be sensitive to both the literal and emotional phases of verbal communication.

4. Giving leads.

Leads may be defined as statements that counsellors use in communication with the clients.

Leads have been classified into categories of techniques, namely:

- a) Restatement of Content: Attempts to convey understanding by repeating or rephrasing the communication.
- b) Questioning: Seeks further information and asks the person counselled to elaborate a point.
- c) Reflection of Feeling: Understanding from the client's point of view and communicating that understanding.
- d) Reassurance: Serves as a reward or reinforcing agent. It is often used to support the client's exploration of ideas and feelings or test different behaviour.
- e) Interpretation: Explains meaning behind the client's statements.

AREAS OF COUNSELLING

Educational Counselling : Educational counselling is a process of rendering services to pupils who need assistance in making decisions about important aspects of their education, such as the choice of courses and studies, decisions regarding interests and ability, and choices of college and high school.

Personal/Social Counselling: Personal counselling deals with emotional distress and behavioural difficulties, which arise when individuals struggle to deal with developmental stages and tasks. Any aspect of development can be turned into an adjustment problem, and it is inevitable that everyone encounters, at some time, exceptional difficulty in meeting an ordinary challenge. For example, Anxiety over a career decision, Lingering anger over an interpersonal conflict, Insecurities about getting older etc.

Vocational Counselling: Vocational counselling is defined as individual contacts with those counselled, in order to facilitate career development. This definition and category encompasses counselling situations such as helping students become aware of the many occupations to consider, interpreting an occupational interest inventory to a student, assisting a teenager to decide what to do after school etc,

Child Counselling: This area of counselling encourages children to bolster their existing strengths through different therapy techniques so as to overcome their difficulties and prevent future problems.

Community counselling: This area centres around helping clients work through their mental health concerns, drawing on leadership skills and resources to institute community-wide changes.

Marriage and Family Counselling: Marriage and family counsellors observe how people behave within the family, and identify relationship problems, and come up with treatment plans.

Genetic counselling: the process, by which patients or relatives, at risk of an inherited disorder, are advised of the consequences and nature of the disorder, the probability of developing or transmitting it, and the options open to them in management and family planning.

Rehabilitation counselling: Rehabilitation counselling deals with helping the disabled achieve personal and professional goals, and lead their lives more freely.

Substance abuse counselling: These counsellors diagnose and assess addiction problems, and treat clients in a variety of ways.

ETHICAL ISSUES

Unethical behaviour includes:

1. Incompetence, that is, inadequate knowledge and the absence of skills necessary for professional behaviour.
2. Lack of integrity, moral commitment and sound professional judgement to adhere to acceptable standards of right and wrong action.
3. Violating confidences. Information presented in a counselling relationship is confidential.
4. Exceeding the level of professional competence. Counsellors must recognize their strengths and limitations in serving their clients in the most competent manner - or refer them to other experts.
5. Imposing values on clients. It is a responsibility of counsellors to be aware of his/her values and of their impact on others.
6. Creating dependence on the part of the clients to meet the counsellor's own needs, e.g., sexual relations and social interactions.
7. Improper advertising, especially advertising that presents the counsellor as one who has the skills, competence and/or credentials that he, or she, does not actually possess.
8. Charging fees for private counselling to those who are entitled to free services through the counsellor.

Ethical codes, or standards have been designed to provide guidelines for behaviour. Ethical codes serve several purposes:

1. They protect members from practices that may result in public condemnation.

2. They provide a measure of self-regulation, thus giving members a certain freedom and autonomy.
3. They provide clients a degree of protection from cheats and the incompetent.
4. They help to protect counsellors from the public if they are sued for malpractice.

MODULE 2

ASSESSMENT AND DIAGNOSIS

The fourth edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV), published by the American Psychiatric Association in 1994, is the basic instrument in making and reporting formal mental diagnosis all over the world. Following are the main characteristics of DSM-IV:

- Five axes describe full clinical presentation.
- Clear inclusion and exclusion criteria have been described for disorders.
- Disorders are categorized under broad headings.
- Empirically grounded prototypic approach to classification is adopted.
- The major advantage in using this multiaxial classification system is that it ensures that attention is given to certain types of disorders, aspects of the environment and areas of functioning that might be overlooked if the focus were on assessing a single presenting problem. In addition to diagnosing the client as to mental health, personality disorders, and physical condition, scales have been developed to help the clinician make consistent determinations of the severity of the psychosocial stressors (Axis IV) and the global assessment of functioning (GAF) (Axis V).

Among the ranks of counselling professionals, there also has been a great deal of controversy related to the nature and appropriateness of assessment and diagnosis. However, a full understanding of assessment concepts and practices is necessary whether or not counsellors choose to use tests and other diagnostic instruments. It is necessary to communicate with those who do use these tools in case conferences, referrals, and correspondence, as well as to understand the professional literature.

Objections to the use of assessment and appraisal techniques are based on five different grounds:

- It is reductionistic, reducing the complexity of the person into diagnostic categories.
- It is artificial.
- It ignores the quality of the relationship between the examiner and the test taker.
- It judges people, casting a label on them.
- It is overly intellectual, relying on complex concepts, often at the expense of a true understanding of the individual

Assessment Techniques

Counsellors use a variety of techniques and procedures in the process of gathering data. Some can be highly structured and designed so that each time a procedure is used the process is exactly the same. This is called using a standardized format. A less rigorous but also important way of obtaining information is through the use of nonstandardized instruments.

Nonstandardized techniques broadly involve observation and self-report instruments.

Observation: Half of the message that a client communicates is nonverbal. Counsellors should be attuned to all of the nonverbal cues available and note the discrepancies and inconsistencies between these and verbal messages. Observational Instruments include

- **Checklists:** The purpose of a checklist is to focus the observer's attention to the presence or absence of predetermined characteristics.
- **Rating Scales:** A rating scale is a special kind of checklist on which the observer can note not only the presence of a given characteristic or attribute but also the degree to which it manifests itself.
- **Anecdotal Reports:** Anecdotal reports are subjective descriptions of a client's behaviour at a specific time or for a specific situation.

Self-Report Instruments: They can be short enough to be filled out by a client a few minutes before the first visit to a counsellor and can be designed to provide a variety of data. A few self-reported instruments are described below:

- **Questionnaires:** Questionnaires can be used to collect vital information to determine the counselling or consulting needs of groups or organizations.
- **Interviews:** An interview is a form of questionnaire that is read to a client by a counsellor.
- **Personal Essays and Autobiographies:** More extensive written material, such as having a client write a personal essay on a given topic is another way to gather useful data in a short time and can be given as a homework assignment. A more elaborate version of the personal essay is to have the client write an autobiography.
- **Journals:** Having a client keep a journal on a regular basis and noting new issues and changes provides another method of obtaining self-report data on an ongoing basis

PSYCHOLOGICAL TESTING

There is also a need for assessment devices that can be administered in a consistent manner to a wide variety of people. Many different tests, usually published instruments, are standardized. A standardized test is one that has detailed, specific directions for the administration of the instrument, including the exact words with which to introduce the instrument to the client and any time limits. The procedures for scoring are also specifically detailed so that all people scoring a given test will record results in the same manner.

There are two basic categories of standardized tests: norm-referenced and criterion-referenced tests

Norm-Referenced Tests

Another characteristic of most published instruments is that they have norms to which test scores can be compared. Norms, or normative tables, are generally included in the manual accompanying published tests. These tables provide data on the performance of various groups of people taking the same instrument during the period of time when the test was being developed. Norm groups are often nationwide samples, but they can also be regional or local. Test items are carefully tested and analyzed before being included in the final instrument. The **reliability**, or consistency, of scores and the instrument's **validity**, the ability of a test to measure what it purports to measure, are determined for constructing a standardized measure.

Criterion-referenced tests

A criterion-referenced test is a test that is used to ascertain an individual's status with respect to a well-defined behavioural domain. A well-constructed criterion-referenced test yields a clear description of what a client can or cannot actually do.

Types of Standardized Instruments

Assessment instruments have been developed to measure virtually all aspects of humans. Some of them are as follows.

- **Achievement Tests:** Achievement tests are designed to assess what a person has learned in a given subject, such as music, mathematics, or German, as a result of specific curricular experience. The instrument can be designed for one subject or can include a variety of subjects. Examples of the latter type of instrument are the Iowa Tests of Basic Skills and the Metropolitan Achievement Tests.
- **Aptitude (Intelligence) Tests:** A test used as a predictor of some future performance is called an aptitude test. Aptitude tests are designed to measure the propensity to perform certain tasks that may not already be a part of a person's repertoire. Intelligence tests can be considered measures

of general ability. Intelligence tests are used primarily as screening devices in counselling and are followed by more specialized aptitude tests that assess aptitude in particular area.

Examples of Aptitude Tests: Differential Aptitude Test (DAT), Aptitude Classification Test (ACT), Scholastic Aptitude Test (SAT) which was renamed the Scholastic Achievement Test in 1993.

Examples of Intelligence Tests: Stanford-Binet Intelligence Scale, Wechsler Adult Intelligence Scale-Third Edition (WAIS-III)

- **Attitude Questionnaires:** Attitude questionnaires are designed to assess the intensity of a person's sentiments with regard to a specific subject such as women's liberation, abortion, or gun control.
- **Interest/ Career Inventories:** Instruments designed to determine patterns or tendencies that an individual has with regard to personal interests are called interest inventories. Interest inventories can be designed for almost any purpose--to determine interest in music, art, or athletics. Many inventories have been designed for use in counselling and, in particular, for use in helping clients make career choices. Interest instruments are usually constructed in the form of checklists or forced choice questions, on which the client has to select a preference from a choice of activities. *Strong Vocational Interest Blank (SVIB)* is an example.
- **Personality Tests:** A number of self-report instruments have been developed that are related to personal adjustment and temperament. There are two types of personality tests: objective and projective. The scoring in objective tests is independent of any judgment of the scorer as in 16 Personality Factor Questionnaire, Minnesota Multiphasic Personality Inventory. Projective tests involve aspects of personality projected onto

ambiguous stimuli, like inkblots, pictures, and incomplete sentences as in Thematic Apperception Test, Rorschach Inkblot Test etc.

WORKING WITH HESITANT CLIENTS

Client resistance is one of many clinical challenges counsellors regularly face. In clinical terms, resistance is defined as “a process of avoiding or diminishing the self-disclosing communication requested by the interviewer because of its capacity to make the interviewee uncomfortable or anxious”. It is an active process that has the potential to become a fundamental obstacle to positive counselling outcomes. Resistance interferes with the counsellor’s perceived efficacy, impedes client motivation, and undermines the change process.

Counsellors should understand that resistance is a normal client reaction. Once counsellors become familiar with resistance and what it looks like they can begin to see it for its true therapeutic value. Client resistance usually signifies that a particularly distressing issue has been brought to the forefront for the client. This issue might be central to the work both counsellor and client are trying to achieve. Rather than avoiding the issue, researchers suggest that client resistance should be addressed.

One of the first attempts to systematically examine client resistance, Otani (1989) classified resistant client behaviours into separate categories. These categories include several verbal and nonverbal client behaviours that are cognitive and behavioural in nature. The four categories described by Otani are:

- response quantity resistance, consisting of a class of behaviours whereby the client limits the amount of information communicated to the counsellor.
- response content resistance, including client’s attempt to restrict or control the type of information communicated to the counsellor

- response style resistance consists of client's idiosyncratic patterns, including client manipulation of the manner in which information is communicated to the counsellor
- logistic management resistance involves behaviour patterns clients engage in that violate the basic rules underlying the practice of counselling like poor appointment keeping, payment delay/refusal, and personal favor asking with an aim of creating a distraction and avoiding counselling.

Counsellors need to employ a variety of strategies to productively use the client's resistance to move therapy forward. Newman (1994) highlights ten strategies proven to be effective in working with resistant clients. These strategies include:

1. Educating the client about resistance and how it should look.
2. Using the Socratic method of questioning to bring out the client.
3. Allowing the client to have choices and be an active director of the counselling process.
4. Fostering collaboration between counsellor and client.
5. Brainstorming the pros and cons of continuing current behaviour or changing.
6. Empathizing with the client and their reason for feeling resistant.
7. Discussing case conceptualization with the client.
8. Using a language that mirrors that of the client.
9. Maximizing the use of client self-direction.
10. Gently persisting when a client either is unable or unwilling to proceed.

MODULE 3

COUNSELLING CHILDREN AND ADOLESCENTS

Children frequently experience learning difficulties in school as a result of inner turmoil. Some of these children suffer from anxiety over broken homes and disturbed family relationships. Children who display behaviour problems, such as excessive fighting, chronic tiredness, violent outbursts, extreme withdrawal, inability to get along with peers, and a neglect of appearance need to be properly managed. In small groups, children have the opportunity to express their feelings about a wide range of personal problems. If the group is structured properly, these children can receive psychological assistance at an early age, and will stand a better chance of dealing effectively with the tasks they face later in life.

For most people, adolescence is a difficult period. It is characterized by paradoxes. Adolescents strive for closeness, and yet fear intimacy and often avoid it. They rebel against control, and yet want direction and structure. While they push and test the limits imposed on them, they see limits as a sign of caring. They are not treated as mature adults, and yet are expected to act as though they had gained complete autonomy. They are typically self-centred and pre-occupied with their own worlds, and yet are expected to deal with social demands and expand their horizons. They are asked to face and accept reality and, at the same time, many avenues of escape are available in the form of drugs and alcohol.

With adolescence come some of these conflicts: dependence/independence struggles, acceptance/rejection conflicts, identity crises, the search for security, pressure to conform, and the need for approval. Because of the stresses of the adolescent period, these years can be lonely, and it is not unusual for an adolescent to feel that there is no-one who can help. Group counselling can be useful in dealing with these feelings of isolation,

because it gives adolescents the means to express conflicting feelings, explore self-doubts, and realize that they share these concerns with their peers.

Children and adolescents facing trauma like physical, emotional or sexual abuse are the most vulnerable individuals in society. They have many emotional challenges, issues and concerns to deal with on a day-to-day basis. It is therefore extremely important to provide them with proper emotional care and counselling. Child and adolescent counselling is a process between a child or adolescent and a counsellor in a trusting relationship to help that child or adolescent explore and make sense of a traumatic experience that has happened to them (e.g. death of a parent, abusive situations). Child and adolescent counselling focuses on supporting the behavioural, emotional and social growth of children and adolescents. Child and adolescent counselling aims to assist children and adolescents recover their self-esteem and confidence. It helps them understand that the trauma was not their fault and to address any fear or anger they are feeling. If children have a positive counselling experience when they are young, they are more likely to ask for help at other times in their lives.

Typically there are three main types of counselling: Individual counselling, Family counselling or Group counselling. Working with children and adolescents, counsellors sometimes also use Play, Art or Music Therapy, which encourages young people to express themselves in other ways apart from speech.

SCHOOL AND EDUCATIONAL COUNSELLING

School counsellors provide counselling programs in three critical areas: academic, personal/social, and career. Their services and programs help students resolve emotional, social or behavioural problems and help them develop a clearer focus or sense of direction. Effective counselling programs are important to the school climate and a crucial element in improving student achievement.

The following are the objectives of counselling in schools:

- To develop in students an awareness of opportunities in the personal, social and vocational areas by providing them with appropriate, useful information.
- To help students develop the skills of self-study, self-analysis and self-understanding.
- To help all students in making appropriate and satisfactory personal, social educational choices.
- To help students develop positive attitudes to self, to others, to appropriate national issues, to work and to learning.
- To help students acquire the skills of collecting and using information.
- To help students who are underachieving, use their potentials to the maximum.
- To assist students in the process of developing and acquiring skills in problem solving and decision making.
- To help build up/or sharpen the child's perception of reality, development of a sense of autonomy and to whip up the motivation for creativity and productivity.
- To identify students with learning problems, so that different individualized methods can be used for effective teaching and learning.
- To work with significant others in the life of the child, helping them to understand the needs and problems of the child. This aids in creating, arousing and sustaining their interest in and their understanding of the child's needs, problems and goals so that the child could be optimally helped to attain those goals, handle those problems and meet those needs.
- To help route the nations human resources into appropriate useful and beneficial channels and identify and nurture human potentialities in

various fields of study endeavours, thus ensuring adequate manpower in the various sector of the nation's economy.

CAREER COUNSELLING

Career counselling is ongoing face-to-face interaction performed by individuals who have specialized training in the field to assist people in obtaining a clear understanding of themselves (e.g., interests, skills, values, personality traits) and to obtain an equally clear picture of the world of work so as to make choices that lead to satisfying work lives. Career counsellors help clients within the context of a psychological relationship with issues such as making career choices and adjustments, dealing with career transitions, overcoming career barriers, and optimizing clients' work lives across the life span. Career counsellors are cognizant of the many contextual factors present in the lives of their clients and of the ways in which social and emotional issues interplay with career issues.

It was Frank Parsons who developed a systematic way of helping individuals to find appropriate work that still has much influence on the way in which career counselling is conducted today. Parsons theorized that there were three broad decision-making factors:

- a clear understanding of oneself, including one's aptitudes, abilities, interests, and limitations;
- a knowledge of the requirements, advantages, disadvantages, and prospects of jobs;
- ability to reason regarding the relation of these two sets of facts.

These three factors have had an enormous impact on how career counselling has been practiced.

There are several types of theories of vocational choice and development.

- John L. Holland hypothesized six vocational personality/interest types and six work environment types: realistic, investigative, artistic, social,

enterprising, and conventional. When a person's vocational interests match his or her work environment types, this is considered congruence. Congruence has been found to predict satisfaction with one's occupation and academic environment or college major.

- The Theory of Work Adjustment (TWA), as developed by Dawis and Lofquist, hypothesizes that the correspondence between a worker's needs and the reinforcer systems and the correspondence between a worker's skills and a job's skill requirements predicts how long one remains at a job. When there is a discrepancy between a worker's needs or skills and the job's needs or skills, then change needs to occur either in the worker or the job environment.
- Social Cognitive Career Theory (SCCT) has been proposed by Lent, Brown and Hackett. Person variables in SCCT include self-efficacy beliefs, outcome expectations and personal goals. The model also includes demographics, ability, values, and environment.
- Career development theories propose vocational models that include changes throughout the lifespan. Gottfredson proposed a cognitive career decision-making process that develops through the lifespan. The initial stage of career development is hypothesized to be the development of self-image in childhood, as the range of possible roles narrows using criteria such as sex-type, social class, and prestige. During and after adolescence, people take abstract concepts into consideration, such as interests.

A career counsellor employs certain tests and inventories to help clients get to know themselves, self-assess their personal resources, enable them for decision and planning their own careers. They purport to understand aptitudes (intellectual, verbal, numerical, reasoning, reaction speed, special talents, etc.), personality, interests and special needs, values and attitudes, assessment of

academic acquisitions (learning skills and methods), interpersonal relations, self-image, decision making etc. In other words, the assessment instruments can help clients with:

- awareness of personal aptitudes, ability, skills or knowledge;
- choosing education and training pathways in accordance with their projects and results regarding their career in given life contexts;
- identifying occupational alternatives complementary to their structure of interests, aptitudes and dominant personality traits;
- drawing up a positive and realistic self-image;
- identifying the causes, the nature and the amplitude of barriers in their occupational area;
- preparing for decision-making and autonomous career planning development;
- compensating the gap in information, incomplete or erroneous information and diminishing the stereotypes regarding the world of work;
- identifying possible sources of professional dissatisfaction, social misfit or difficulty in carrying relationships and role performing.

MARITAL AND FAMILY COUNSELLING

Couples seek marital counselling for a wide variety of reasons, including finances, fidelity, communication and compatibility, and children. It is crucial to see both members of the couple from the beginning. If a counsellor does not structure counselling in this way and starts to treat one spouse alone for even one or two sessions, it increases the other spouse's resistance to counselling. Moreover, if one member of a couple tries to change without the knowledge or support of the other, conflict is bound to ensue.

Different Marital Therapy Approaches

1. Psychoanalytic Approach

Psychoanalytical based marriage counselling is based on the theory of object relation which addresses how relationships are developed across the

generations. *Objects* are significant others in one's environment, such as a mother with whom children form an interactive emotional bond. Preferences for certain objects as opposed to others are developed in early childhood in parent-child interactions. Individuals bring these unconscious forces into a marriage relationship.

In the process, the counsellor uses the process of transference where each partner restructures internally based perceptions of, expectations of, and reactions to self and others and projects them onto the counsellor. Individual histories of each partner, Dream work, Analysis of resistance and Catharsis, the expression of pent-up emotion, are employed.

2. Social Learning Theory

According to this approach, marriage partners-either have -a deficit or excess of needed behaviours. Marriages grow more through positive reciprocity than negative feedback. Selective communication and interaction with one's spouse seem to work best.

The focus of social learning theory is on skill building in the present. Within the treatment process, counsellors may use a wide variety of behavioural strategies to help couples change, such as Self-reports, Observations, Communication-enhancement training exercises, Contracting, and Homework assignments. Much of social-learning theory is based on *linear* thinking, that A is the likely cause of B.

3. Behavioural Marriage Counselling

·In behavioural marriage counselling, the behaviour is maintained or eliminated by consequences. It is based on direct, careful assessment and intervention. The focus is on presenting problems. The treatment process in Behavioural Marriage Counselling is based on patient training, marriage relationship and couple communication, and the treatment of sexual dysfunctions, and the emphasis is

on dyadic interactions. The counsellor plays roles as teacher, expert, and reinforcer. Techniques include Systematic desensitization, Positive reinforcement, Generalization, Extinction, Modeling, Reciprocity, Punishment, Token economies, and Psychoeducational methods

4. Rational Emotive Therapy (RET)

The premise behind RET is that couples, like other individuals, often become disturbed because of what they think rather than because of specific actions that occur in relationships. That is "highly exaggerated, inappropriately rigid, illogical and absolutist" is what leads to neurosis and relationship disturbance. The focus is on helping individuals first and marriages second. The RET counsellor works with them separately and together in the ABC method of RET.

While clinical interventions are intended to promote the welfare of the family unit, they may also produce harmful consequences for some family members, therefore raising ethical and therapeutic dilemmas. Additionally, when professionals work with individual clients, they may face concerns related to confidentiality, informed consent, boundary violations, professional responsibility and competence, as well as other issues.

The role of a family counsellor is to provide treatment for a wide range of clinical and relationship issues in the context of family structure. The interventions directed at change in family relationships are guided by multiple principles, prominent among which are the following:

- The theoretical model employed by the counsellor to evaluate, diagnose, and alter family relationships
- The counsellor's understanding of a particular family and its responsiveness to therapeutic interventions
- The style, personality, and values of the counsellor

Behaviourally oriented theories are particularly interested in systematic evaluations of reinforcement practices in a family. These counsellors attempt to enhance positive reinforcement and undermine punitive, coercive, and avoidant interactions. Structural theories focus on family boundaries and attempt to alter boundaries, thereby providing healthy and flexible support for different family members and family subsystems while countering enmeshment and isolation. Psycho-dynamic theories search for unexpressed and conflictual feelings that, although hidden, can produce rigidity in the family system. Psychodynamic and object relations theories often view the current relationship dysfunctions of clients as reflecting the unsatisfied basic needs in the mother-child dyad.

ALCOHOL AND SUBSTANCE ABUSE COUNSELLING

Alcohol and substance abuse counselling, also called addiction counselling, addresses the symptoms of drug addiction and related areas of impaired functioning and the content and structure of the client's ongoing recovery program. The primary goal of addiction counselling is to help the client achieve and maintain abstinence from addictive chemicals and behaviours. The secondary goal is to help the client recover from the damage the addiction has done to the client's life. Addiction counselling works by first helping the client recognize the existence of a problem and the associated irrational thinking. Next, the client is encouraged to achieve and maintain abstinence and then develop the necessary psychosocial skills and spiritual development to continue in recovery lifelong.

Addiction counsellors should exhibit good professional judgment, be able to establish rapport with most clients, be good listeners, be accepting of the client for who he or she is (and not have a negative attitude toward working with addicts), and use confrontation in a helpful versus an inappropriate or overly punitive manner. A good addiction counsellor must also be personally organized so as to be prompt for all sessions and able to maintain adequate

documentation. The counsellor should not be harshly judgmental of the client's addictive behaviours. Because clients often feel a great deal of shame and guilt associated with their addictive behaviours, to help resolve those feelings it is important that they be encouraged to speak honestly about drug use and other addictive behaviours and be accepted.

It is important for the counsellor to give the client a sense of collaboration and partnership in the counselling relationship. This is accomplished in three ways. First, the counsellor should possess a thorough knowledge of addiction and the lifestyles of addicts. Second, no matter how expert the counsellor is in the field, he or she must acknowledge that it is the client who is the expert in discussing his or her own life. The counsellor must listen well, empathize, and avoid passing judgment. Third, the counsellor should convey to the client that he or she has an ally in the struggle to break the cycle of addiction. Ultimately, recovery is seen as the client's responsibility, and the counsellor wants to encourage self-directed movements toward the recovery. However, the counsellor will discourage movements toward addiction in a number of ways, many of which are directive.

Denial and motivation are central themes in the beginning of addiction treatment. For this reason, they are addressed in the first several sessions of counselling and then repeatedly addressed, as needed, throughout the course of treatment. The major strategy is to chip away at the client's denial by pointing out the addictive behaviours and consequences of addiction and gently confronting the client about the denial. Regarding motivation, clients often express ambivalence at some point in treatment, and several strategies are used to address this directly. Clients may be encouraged to review the pros and cons of getting sober, or they may be pressed to explore fully the consequences of

their addiction. Basically, these issues are reviewed continuously throughout the early period in treatment.

Participation in a self-help program is considered an extremely valuable aid to recovery. It helps recovering individuals develop a social support network outside of their treatment program, teaches the skills needed to recover, and helps clients take responsibility for their own recovery. Alcoholics Anonymous (AA) is the most well-known and widely available self-help group for alcoholics in treatment and recovery. AA uses fellowship and a set of guided principles—the 12 steps—to help members achieve and maintain sobriety. The goal is total abstinence from drinking.

COUNSELLING OLDER ADULTS

As people grow up, they face feelings of isolation, and may struggle with the problem of finding a meaning to life. Some of these older persons may resign themselves to a useless life, for they see little in their future. Like adolescents, the elderly often feel unproductive, unneeded, and unwanted by society. Another problem is that many older people have uncritically accepted myths about ageing.

Themes that are more common to the elderly than other age groups, include loneliness, social isolation, losses, poverty, feelings of rejection, the struggle to find a meaning to life, dependency, and feelings of uselessness, hopelessness and despair. There are also fears of death and dying, grief over another's death, sadness over physical and mental deterioration, depression, and regrets over past events.

Older people have a need to be listened to, and understood. Respect is shown by accepting them. Acceptance can be through listening to their messages, and by not patronizing them. These individuals need support and encouragement, and the chance to talk openly about what they feel, and about the topics which concern them.

A counselling group can do a lot to help the elderly challenge the myths they may have that limit their lives. It can also help them to deal with the developmental tasks that they face. Like any other age-group, they must be able to face them in such a way that they retain their self- respect. Groups can assist the elderly to break out of their isolation, and encourage them to find a new meaning in life.

CRISIS INTERVENTION

A "crisis" has been defined as an acute disruption of psychological homeostasis in which one's usual coping mechanisms fail and there exists evidence of distress and functional impairment. It is the subjective reaction to a stressful life experience that compromises the individual's stability and ability to cope or function. The main cause of a crisis is an intensely stressful, traumatic, or hazardous event, but two other conditions are also necessary: (1) the individual's perception of the event as the cause of considerable upset and/or disruption; and (2) the individual's inability to resolve the disruption by previously used coping mechanisms.

Crisis also refers to "an upset in the steady state." It often has five components:

- a hazardous or traumatic event
- a vulnerable or unbalanced state
- a precipitating factor

- an active crisis state based on the person's perception, and
- the resolution of the crisis.

The four stages of a crisis reaction, as described by Caplan (1964) include:

- initial rise of tension from the emotionally hazardous crisis precipitating event,
- increased disruption of daily living because the individual is stuck and cannot resolve the crisis quickly,
- tension rapidly increases as the individual fails to resolve the crisis through emergency problem-solving methods, and
- the person goes into a depression or mental collapse or may partially resolve the crisis by using new coping methods.

Crisis intervention has now evolved into a specialty mental health field that stands on its own. Based on a solid theoretical foundation and a practice that is born out of over 50 years of empirical and experiential grounding, crisis intervention has become a multidimensional and flexible intervention method. In conceptualizing the process of crisis intervention, Roberts (2005) has identified seven critical stages through which clients typically pass on the road to crisis stabilization, resolution, and mastery. These stages, listed below, are essential, sequential, and sometimes overlapping in the process of crisis intervention:

1. **Biopsychosocial and lethality/imminent danger assessment:** At a minimum, this quick but thorough assessment should cover the client's environmental supports and stressors, medical needs and medications, current use of drugs and alcohol, and internal and external coping methods and resources. Rather than grilling the client for assessment information, the sensitive clinician or counsellor uses an artful interviewing style that allows this information to emerge as the client's story unfolds. A good assessment is likely to have occurred if the

clinician has a solid understanding of the client's situation, and the client, in this process, feels as though he or she has been heard and understood.

2. **Establishing Rapport:** Rapport is facilitated by the presence of counsellor-offered conditions such as genuineness, respect, and acceptance of the client. This is also the stage in which the traits, behaviours, or fundamental character strengths of the counsellor come forward in order to instil trust and confidence in the client. Although a host of such strengths have been identified, some of the most prominent include good eye contact, non-judgmental attitude, creativity, flexibility, positive mental attitude, reinforcing small gains, and resiliency.
3. **Identifying the major problems, including crisis precipitants:** Crisis intervention focuses on the client's current problems, which are often the ones that precipitated the crisis. This stage involves not only inquiring about the precipitating event but also prioritizing problems in terms of which to work on first. In the course of understanding how the event escalated into a crisis, the clinician gains an evolving conceptualization of the client's "modal coping style"—one that will likely require modification if the present crisis is to be resolved and future crises prevented.
4. **Exploration of feelings and emotions:** The counsellor strives to allow the client to express feelings, to vent and heal, and to explain her or his story about the current crisis situation through "active listening" skills like paraphrasing, reflecting feelings, and probing. Very cautiously, the counsellor must eventually work challenging responses into the crisis-counselling dialogue. Challenging responses, if appropriately applied, help to loosen clients' maladaptive beliefs and to consider other behavioural options.

5. **Generate and explore alternatives and new coping strategies:** If Stage IV has been achieved, the client in crisis has probably worked through enough feelings to re-establish some emotional balance. Now, counsellor and client can begin to put options on the table, like a no-suicide contract or brief hospitalization, for ensuring the client's safety; or discuss alternatives for finding temporary housing; or consider the pros and cons of various programs for treating chemical dependency. It is important to keep in mind that these alternatives are better when they are generated collaboratively and when the alternatives selected are "owned" by the client.
6. **Restore functioning through implementation of an action plan:** Obviously, the concrete action plans taken at this stage (e.g., entering a 12-step treatment program, joining a support group, seeking temporary residence in a women's shelter) are critical for restoring the client's equilibrium and psychological balance. However, there is another dimension that is essential to Stage VI, and that is the cognitive dimension. Working through the meaning of the event is important for gaining mastery over the situation and for being able to cope with similar situations in the future.
7. **Plan follow-up and booster sessions:** Crisis counsellors should plan for a follow-up contact with the client after the initial intervention to ensure that the crisis is on its way to being resolved and to evaluate the post crisis status of the client. Follow-up can also include the scheduling of a "booster" session in about a month after the crisis intervention has been terminated. Treatment gains and potential problems can be discussed at the booster session.

MODULE 4

GROUP COUNSELLING

A group is defined as two or more people interacting together to achieve a goal for their mutual benefits. Group counselling approach attempts to change maladaptive beliefs and behaviours through feedback from others; interpersonal nature can offer social skills. Groups are not effective with diverse groups in status and seniority, instead groups with common concerns give results. It is appropriate to conduct groups in a quiet uninterrupted setting. A safe environment is required to express emotion and sufficient engagement and feedback for reality testing, which refers to examining incident with other members, recognizing inappropriate interpersonal feelings/behaviours and facilitation of the individual's ability to interact with others more honestly and deeply.

Major advantage is economy, less time consumption especially in time limited group treatments, support and encouragement, new outlooks, and insight from others. Groups offer particular advantages for working with a variety of people, for groups can be designed to meet the needs of children, adolescents, young adults, middle-aged persons and the elderly. However, people sometime find it difficult to self-disclose in groups.

The following are the goals and purposes of groups:

- To grow in self-acceptance and learn not to demand perfection.
- To learn how to trust oneself and others.
- To foster self-knowledge and the development of a unique self-identity.
- To lessen fears of intimacy, and learn to reach out to those one would like to be closer to.

- To move away from meeting other's expectations, and decide for oneself the standards by which to live.
- To increase self-awareness, and increase the possibilities for choosing and acting.
- To become aware of choices and to make choices wisely.
- To become more sensitive to the needs and feelings of others.
- To clarify values and decide whether, and how, to modify them.
- To find ways of understanding, and resolving, personal problems.

Role of the Counsellor

- *Creation and maintenance of the group:* Interpersonally oriented intake interview can help in selection of the group.
- *Culture Building:* The therapist must establish norms that will guide the interaction of the group.
- *Activating and processing the here-and-now:* The primary task of the counsellor is to help members attend to and discuss interpersonal dynamics as they occur in the group. It consists of two parts: *Experiencing*, where immediate behaviours and experiences are addressed, and *Illumination of Process*, where the group must recognize, examine and understand the nature of the relationship between interacting individuals

The role of the counsellor is to help members reflect back on and learn from interactions they have in the group. The counsellor *examines the group interaction*, how was a comment delivered, what was the timing of the

remark, or context of discussion when the comment was made? The counsellor also observes individual patients and the group as a whole.

EFFECTIVE LEADERSHIP IN GROUP COUNSELLING

Strong leadership skills can enhance effectiveness of group counselling – for example, addressing resistance within the group through appropriate interventions. Understanding and adopting particular standards, ideals and intervention approaches builds a strong working foundation for group counselling. Group leaders should give consideration to any time pressures they need to adhere to, their own level of skill and comfort, characteristics of group members, and the current stage of the group as it develops.

Effective group leaders:

- Exhibit respect for group members,
- Show patience with group members,
- Have skills to arouse and/or allow tension in the group,
- Can be criticized by group members without becoming angry, and
- Perceive group process issues accurately

The group will benefit from a balance of three key elements: the individual member; the topics and issues discussed; and the group as a whole. In order to strike this balance the group leader will need to communicate effectively with the group.

There are typically two types of leadership: instrumental and expressive. Instrumental leadership focuses on achieving goals. Expressive leadership, on the other hand, focuses on maintaining group cohesion. Leaders who are dominantly expressive work to maintain warm, friendly relationships

and ensure the collective well-being of the group. Although most leaders are dominantly instrumental or expressive, both styles are needed for groups to work effectively. So, the most effective leaders have the ability to use the style that best fits the situation. They can switch from being instrumental and focusing on the task, to being expressive and focusing on collaboration, whenever they see a need.

Beyond dominant leadership types and abilities, leaders also vary in their decision-making styles. There are three basic styles of leadership decision-making: authoritarian, democratic, and *laissez-faire*.

Leaders who use authoritarian decision-making make all the major group decisions and demand compliance from the group members.

The next type of leadership decision-making is democratic. Leaders who use democratic decision-making encourage group discussion and believe in decision-making through consensus. Democratic leaders still make the final decision, but do so only after carefully considering what other group members have said.

Leaders who use *laissez-faire* decision-making let the groups make their own decisions. They are only minimally involved, basically sitting back and letting the group function on its own. *Laissez-faire* is usually the least effective style of leadership decision-making.

Therapeutic Group Work

Therapeutic groups are closed, with a designated group membership meeting for a predetermined length of time. The nature of this group is to create a safe environment in which to experiment with getting and giving feedback and exploring new behaviours and responses in a social context. Therapeutic groups tend to contain elements that enable a simulation of

family and community experiences. In this context, a member can address issues of family of origin and break through past barriers in order to find release from old ways of being which originated in the family. Societal and cultural discourses can also be addressed and promote how members of the group can respond to the community in a different way.

The objective of group therapy is to increase self awareness, increase social comfort, allow exploration of new behaviours, provide support, develop skills, and promote more genuine interactions with others. Group therapy is based on the premise of confidentiality, so that what is shared in the group remains private and individuals are honored in this manner. Group therapy also is based on a screening process by facilitators to assure that members are well suited for this therapeutic process and ready for group work. Sometimes there is a theme that defines the nature of the group and other times its open and the members themselves bring forth the themes they are working on.

In group therapy the work occurs both by the individual who in that circumstance is identified as “working” on an issue as well as the participants who are witness to the work and are impacted by similar themes in their own lives. This unique element of group therapy enriches the process for all members. The universality of the human experience is one of the most powerful elements of group therapy.

These groups also allow for members to provide support to each other both in the form of understanding and empathy as well as support around gentle confrontation. This allows members to experience conflict in a positive manner and to see themselves through the eyes of others. An important aspect of group therapy comes from the group context. It allows the member to receive feedback about how they are seen by others and in what ways they generate

being seen as genuinely who they are and/or being seen in the manner they want to portray themselves. Even beyond those two choices, group members may see aspects of each other that they perceive as not exposed to others.

The format of group work is open ended, with facilitators providing opportunities for sharing within the group, encouraging risk taking and openly talking with others about one's experiences. The facilitator also encourages feedback and participation of members in providing support to each other. Reflection by the person "working in group" and by the group members is another added benefit to therapeutic group therapy.

Groups are generally less expensive than individual psychotherapy and the experiences generated are often multiplied for every person in the group. The dynamics of multiple experiences and reflections often means more feedback and support than what individual psychotherapy provides. Each time a person does therapeutic work, this in turns "sparks" therapeutic work and reflections for everyone in the group.

Training Groups

The major objectives of a T- or training group are awareness and skill building. The objectives centre around helping the individual participants to grow in increased awareness of their feeling experience, of their reaction to other people, of their impact on other people, of how others impact them, and in their awareness of how people interrelate and of how groups operate. In terms of skills, the objectives are to improve one's ability to listen to people, to understand them empathically (to put oneself in their shoes, so to speak), to be more effective in expressing what is going on with oneself, and to improve one's own skill in responding to other people when attempting to give them feedback. The goals also include understanding group process (i.e., becoming

more cognizant of trends, unacknowledged relations and communications, functional roles, and so on). There is no history-taking, no story-telling, and no future-planning activity. The entire energy of the group is focused on the immediate present, trying to find that reality, and discussing it openly with each other

T-groups are most commonly found in educational and business settings. The educational settings are usually in teacher training, in-service education, and higher education. Very little T-group work is done, as such, with elementary and secondary school students. Moreover, T-groups have long been a part of managerial training

The role of the facilitator in a T-group is to participate and to provide some leadership in helping people to get in touch with themselves and to share openly with each other. Two major approaches that T-group trainers use are modeling and scanning. The T-group trainer who models is a person who tries to be as open as he or she can be, gives feedback, solicits feedback, and tries to be, in short, an ideal participant. The T-group trainer who adopts the role of scanner is a person who participates less as a person and more as a professional. This is a person who monitors the dynamics of the group's development and comments on the processes that he or she sees.

Sensitivity Training Groups

Sensitivity training is often offered by organizations and agencies as a way for members of a given community to learn how to better understand and appreciate the differences in other people. It asks training participants to put themselves into another person's place in hopes that they will be able to better relate to others who are different than they are. Sensitivity training often specifically addresses concerns such as gender sensitivity, multicultural

sensitivity, and sensitivity toward those who are disabled in some way. The goal in this type of training is more oriented toward growth on an individual level.

Sensitivity training can also be used to study and enhance group relations, i.e., how groups are formed and how members interact within those groups. It was initially designed as a method for teaching more effective work practices within groups and with other people, and focused on three important elements: immediate feedback, here-and-now orientation, and focus on the group process.

Sensitivity training focuses on being sensitive to and aware of the feelings and attitudes of others. An integral part is the sharing, by each member of the group, of his or her own unique perceptions of everyone else present. This, in turn, reveals information about his or her own personal qualities, concerns, emotional issues, and things that he or she has in common with other members of the group. Sensitivity training seeks to educate its participants and lead to more constructive and beneficial behaviour. It regards insight and corrective emotional or behavioural experiences as more important goals than those of genuine therapy. Other primary principle of sensitivity training is that of feedback; the breakdown of inhibitions against socially repressed assertion. Frankness and self-expression are expected in place of diplomacy.

Encounter and Growth Groups

The major goals of the encounter group are awareness and genuineness. The encounter group differs from the T-group in that it has a relatively high emphasis on helping the person to have a real experience of other people. The major objectives are to help the participants to get in touch with themselves more fully, more authentically; to help them relate that to other people more openly; and to help them be with other people in the world. There

is relatively less emphasis than in the T-group on skill-building and back-home application.

A great deal of attention is spent looking at the immediate reality, but there is a look at the past and future. There is some sharing of one's psychological development. Encounter groups can be found almost anywhere. They are used in business, industry, schools, clinical settings, teacher training, and parent-effectiveness training, and they are independently offered by growth centres and others as isolated personal experiences.

The facilitator's role in the encounter group is to model and to confront. The facilitator engineers confrontations in the sense of encouraging people to be more open than they ordinarily would be, more genuine, and more level in looking directly at the interpersonal reality that emerges. He or she also participates in the interchange, giving and receiving feedback. The encounter-group meeting tends to be emotionally charged. There is more attention given to extreme feelings of loving and aggression in the encounter group than in the T-group.

Growth groups are to create awareness about the opportunities before individuals to grow and develop in their career and other life positions. These groups focus both on the social and emotional needs of the members as well as achievement of a tangible target. Some examples are: a group of youth is brought together to enhance their entrepreneurial abilities so as to improve income generating capacities and make them feel they are worthy members of the society, teaching children to acquire social skills and social etiquettes, so that they perform their social responsibilities properly and grow as useful adults.

One strength of the growth-group approach is its adaptability to a variety of formats. The challenge is to be aware of the needs of the group and to

develop formats which meet those needs best. The leader-facilitator brings his know-how and personhood to the group as resources for doing three things: (1) facilitating the growth of individual members; (2) developing a group climate and style of relating which release individual members and the group as a growth-stimulating organism; (3) continuing his own growth.

Growth-oriented groups are a practical means of moving to a prevention and fulfillment orientation and away from the repair-therapy orientation. Enhancing positive mental health in small groups for normal people may prevent many personal and family problems from developing.

Self-help/ Support Groups:

Self-help groups have grown in prominence since the 1970s. The primary focus is on a single problem and the group usually is led by a layperson who has little formal group training but who has experienced stress. Their mutual goal is to help each other to deal with, if possible to heal or to recover from, this problem. Self-help groups may exist separately or as part of larger organizations. They may operate informally or according to a format or program. The groups usually meet locally, in members' homes or in community rooms in schools. In self-help groups, specific modes of social support emerge. Through self-disclosure, members share their stories, stresses, feelings, issues, and recoveries. This lessens the isolation that many people, especially those with disabilities, experience.

Using the "professional expert" model, many groups have professionals serve as leaders or provide supplementary resources. Many other groups, using the "peer participatory" model, do not allow professionals to attend meetings unless they share the group problem and attend as members or unless they are invited as speakers. Support group is similar to self-help group

but is organized by a professional helping organization, like Alcoholics Anonymous, Weight Watchers, etc. Some support groups charge fees some do not. Intensive outpatient and inpatient hospital programs have groups that tend to be more psycho educational in nature, where the purpose is to increase cognitive understanding of behaviours and promote change.

Those who share a common shame and stigma can come together, without judging, to provide an “instant identity” and community. They can give emotional, social, and practical support to each other. They can explore and learn to understand and to combat the shame and stigma together, enhancing their self-esteem and self-efficacy. Through participation, they can enhance their social skills, promoting their social rehabilitation. Through “cognitive restructuring”, members can learn to deal with stress, loss, and personal change.

GROUPS IN HEALTH AND MEDICAL SETTINGS

As experts in human behaviour, counselling psychologists can assume a diversity of roles within health care services. They may evaluate and assess the psychological functioning of the patients; act as advisors for the treatment team; provide training; organize and implement research projects; provide counselling or other types of psychosocial interventions to the patients and their families.

Counselling psychologists are frequently called upon to train physicians or nurses in counselling related issues, such as effective communication, patient-medical staff relationships, stress management, psychological factors associated with health and illness and so on. They can also teach specific techniques for dealing with problems like pain or insomnia, or specific ways for managing personal and professional difficulties, like burnout or troubled communication. Training can also be addressed to the patients as a component of an intervention program.

In order to achieve their intervention goals, counselling psychologists may choose from an array of intervention strategies and techniques: individual and group counselling, brief therapies, providing information and training, crisis intervention, stress management, motivational interview, guided imagery, behaviour analysis and modification, cognitive restructuring and many more. The majority of these techniques and strategies are based on the cognitive-behavioural model, which has been found really effective in treating many health conditions, including: cardiovascular disorders, diabetes mellitus, HIV/AIDS, surgical procedures, dermatology etc. Medical patients are rather interested in short-term and focused interventions that can facilitate their recovery, than long-term insight-oriented therapies. These requirements are typically met by behavioural (e.g., conditioning, operant conditioning, modelling), cognitive (e.g., self-management, cognitive therapy), and cognitive-behavioural approaches.

Group counselling may be used in the wide range of possible intervention targets for the patients; from preparing patients for difficult operation procedures, to training them to effectively cope with the post-surgery problems or with medical treatment side-effects; from helping them to change unhealthy behaviours (including weight control and smoking cessation) to providing counselling for dealing with emotional and adjustment difficulties; It can be used even in helping the dying.

GROUPS IN WORKPLACE

Workplace counselling is an employee support intervention that is usually short term in nature and provides an independent, specialist resource for people working across all sectors and in all working environments. The counselling process is about providing a sounding board for an employee, giving them a safe place to talk about issues that trouble them, and allowing counsellors to

help them find their own solutions to problems or develop better ways to manage issues.

Besides the pressure and stress caused by a huge workload and increased responsibilities, employees may also experience additional personal stress in the workplace. This could come in the form of conflicts, bullying and undermining, unsuitable work conditions or bad relationships with colleagues. Counselling in the workplace can help reduce symptoms of anxiety and depression, improve mental health, lower levels of sickness and increase job satisfaction and commitment. Offering formal group counselling sessions to stressed employees will help them feel valued, and will enable the individual to identify the cause of their problems and issues. Counselling can help increase staff morale, boost confidence and self-esteem, improve productivity and efficiency and create a more relaxed working environment.

Although counselling in the workplace provides an important means of resolving problems and difficulties, in a confidential and supportive manner, providing Counselling Skills Training in a work environment will help employees and staff overcome many everyday pressures.

Counselling Skills Training can provide managers, supervisors and staff with:

- Improved listening skills.
- Improved communications skills and effective language patterns.
- The ability to defuse anger and frustration.
- The ability to identify limitations, and to work with others at resolving difficulties.
- The skills and knowledge to minimize stress in the workplace.